

Drinking Water Services – Turbidity Monitoring Report Form County:  
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: CITY OF DETROIT ID #: 00257 WTP: A Month/Year: JAN 2022

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1					0.01	0.01	0.01
2	0.01					0.01	0.01
3	0.01				0.01	0.01	0.01
4				0.01	0.01		0.01
5			0.01	0.01			0.01
6			0.01	0.01			0.01
7			0.01	0.01	0.01		0.01
8				0.01	0.01		0.01
9			0.01	0.01			0.01
10			0.01	0.01			0.01
11			0.01	0.01			0.01
12		0.01	0.01				0.01
13		0.01	0.01				0.01
14		0.01	0.01				0.01
15			0.01	0.01			0.01
16				0.01	0.01		0.01
17				0.01	0.01		0.01
18			0.01	0.01			0.01
19		0.01	0.01				0.01
20			0.01	0.01			0.01
21				0.01	0.01		0.01
22					0.01	0.01	0.01
23			0.01	0.01			0.01
24				0.01	0.01		0.01
25				0.01	0.01		0.01
26			0.01	0.01			0.01
27			0.01	0.01			0.01
28		0.01	0.01				0.01
29			0.01	0.01			0.01
30			0.01	0.01			0.01
31				0.01	0.01		0.01

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Notes:	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PRINTED NAME: <u>Robert Bruce</u>	SIGNATURE: <u>[Signature]</u>	
PHONE #: <u>(503) 1854-3496</u>	DATE: <u>2-7-22</u>	CERT #: <u>7136</u>

<sup>1</sup> Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. <sup>2</sup> Filtered systems only.

**OHA - Drinking Water Program - Surface Water Quality Data Form - Giardia Inactivation**

Name: **CITY OF DETROIT** ID #41: **00297** WTP: **A** Month/Year: **JAN 2022** Log Requirement (Circle One): **0.5** 1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[° C]		Use tables	Yes / No	[GPM]
1/1415	.91	66	60	6.9	7.3	25	YES	55
2/1320	.98	66	65	6.5	7.3	25	YES	50
3/1400	1.04	66	69	6.1	7.3	25	YES	60
4/1500	1.04	66	69	5.0	7.4	25	YES	50
5/1000	1.01	66	67	5.5	7.4	25	YES	45
6/1045	1.00	66	66	5.7	7.4	25	YES	50
7/0900	1.03	66	68	3.9	7.4	25	YES	45
8/1200	1.06	66	70	3.5	7.1	25	YES	40
9/0830	1.11	66	73	3.9	7.0	25	YES	50
10/0930	1.04	66	69	4.4	7.3	25	YES	40
11/0930	1.06	66	70	5.7	7.3	25	YES	60
12/1000	1.03	66	68	6.3	7.4	25	YES	55
13/1400	1.03	66	68	6.7	7.3	25	YES	65
14/0920	1.01	66	67	7.3	7.4	25	YES	45
15/1000	1.02	66	67	7.0	7.4	25	YES	50
16/1030	1.00	66	66	6.9	7.4	25	YES	55
17/1020	1.00	66	66	6.8	7.4	25	YES	40
18/1015	.98	66	65	6.7	7.4	25	YES	35
19/1200	.98	66	65	7.5	7.3	25	YES	55
20/0915	.97	66	64	7.4	7.3	25	YES	50
21/0900	.96	66	63	6.8	7.4	25	YES	60
22/1500	.95	66	63	6.0	7.5	30	YES	70
23/0700	.97	66	64	5.4	7.5	30	YES	50
24/0830	.97	66	64	5.1	7.5	30	YES	50
25/1000	.99	66	65	5.5	7.5	30	YES	45
26/1030	.95	66	63	5.2	7.1	25	YES	45
27/1000	.96	66	63	5.5	7.3	25	YES	50
28/1430	.98	66	65	6.0	7.5	30	YES	50
29/1100	.99	66	65	6.1	7.4	25	YES	70
30/1200	.95	66	63	6.3	7.4	25	YES	75
31/1130	.94	66	62	6.4	7.4	25	YES	60

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours  
 Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf) Revised September 2016

Return by 10<sup>th</sup> of following month by email, fax, or mail to:  
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350